NOV 2 1 2003

Practitioner's Docket No. 0022.11

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re application of:

Felix Franks

Application No.: 10/072,604

Filed: 02/08/2002

For: STORAGE OF MATERIALS

Group No.: 1654 Examiner: Susan Coe

Commissioner for Patents

P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

I. Transmitted herewith is an amendment for this application.

STATUS

2, Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.P.R. 1.136 (fees: 37 C.P.R. 1.17(a)(1)-(4)) for two months:

Fee:

\$420.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

G deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA

37 C.F.R. § 1.8(a) G with sufficient postage as first class mail.

37 C.F.R. § 1.10* G as "Express Mail Post Office to Addressee"

Mailing Label No.

(mandatory)

TRANSMISSION

Lacsimile transmitted to the Patent and Trademark Office, (703) 872 - 9306

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under 1.8 continues to be taken into account in determining simcliness. See 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment

Amendment Transmittal--page 1 of 2

NOV.21.2003

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Co	1. 2)	(Col. 3)		OTHER THAN A SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE				ADDIT.	
TOTAL	24	_	24	=	0	x	<u> </u>	18.00		S	0.00
INDEP.	1		3	=	0		\$	86.00		<u> </u>	0.00
FIRST PR	ESENTATION OF	MULT	PLE DEF	. CLAIM		+	\$	0.00	=	\$	0.00
		•					ΑD	TOTAL DIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

 Authorization is hereby made to charge the amount of \$420.00 to Deposit Account No. 500348.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached...

FEE DEFICIENCY

6. An additional extension and/or fee is required, charge Account No. 500348.

An additional fee for claims is required, charge Account No. 500348.

Reg. No.: 38,443

Tel. No.: 650-631-3487

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Signature of Practitioner

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